

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/561121

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9	1					
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16	1					
17	1					
18		2				
19		2				
20		2				
21	1					
22		1				
23		1				
24		1				
25		1				
26	1					
27		1				
28	1					
29		1				
30		1				
31	1					
32		1				
33		1				
34		0				
35		1				
36		1				
37		1				
38		1				
39		1				
40	1					
41		1				
42	1					
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52	1					
53	1					
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	12	↓		↓		↓
TOTAL DEP.	57	←		←		←
TOTAL CLAIMS	64					